

(18) Trainer(s) and/or Speaker(s) (attach list according to guidelines)				
(19) Target Audience(s) <input type="checkbox"/> Health Officers <input type="checkbox"/> Public Health Nurses <input type="checkbox"/> Health Educators <input type="checkbox"/> Registered Environmental Health Specialists <input type="checkbox"/> Other (specify): _____				
(20) Enrollment (a) Minimum _____ (b) Maximum _____ (21) Total Cost per Attendee \$ _____				
(22) Date(s): e.g., 09/30/99 (23) Location(s) (include municipality, building and street) 1. _____ / _____ / _____ 1. _____ 2. _____ / _____ / _____ 2. _____ 3. _____ / _____ / _____ 3. _____				
(24) Proposed Schedule (Attach copy of proposed agenda for each day of the course. Lunch and breaks must be indicated on the agenda)			(25) FOR STATE USE ONLY (do not write in boxes below)	
Standard Time Only (a) Time(s) ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____	(b) Activity (check one per time slot) <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab <input type="checkbox"/> Lecture/Workshop <input type="checkbox"/> Field/Lab	(c) Curriculum (check one) <input type="checkbox"/> CE <input type="checkbox"/> LE <input type="checkbox"/> CE <input type="checkbox"/> LE <input type="checkbox"/> CE <input type="checkbox"/> LE <input type="checkbox"/> CE <input type="checkbox"/> LE <input type="checkbox"/> CE <input type="checkbox"/> LE <input type="checkbox"/> CE <input type="checkbox"/> LE	(a) Public Health Related? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> no	(b) Approved Contact Hours # of Hrs. Approved _____ # of Hrs. Approved _____ # of Hrs. Approved _____ # of Hrs. Approved _____ # of Hrs. Approved _____ # of Hrs. Approved _____
(26) Description of Course Evaluation Method			Received ____ / ____ / ____ Reviewed ____ / ____ / ____ Approved By _____ Pending Approval _____ Denied _____ Comments: # LE Hours _____ # CE Hours _____	

III. SPONSOR AGREEMENT

- (27) In accordance with N.J.A.C. 8:7-1.16, the sponsoring organization agrees to:
- (a) notify the Public Health Council if the course, seminar, or program is withdrawn or changed;
 - (b) provide attendance verification forms for attendees and have a proctor attest to their attendance;
 - (c) maintain records of evaluations by attendees;
 - (d) cooperate in any additional reviews to verify the accuracy of the application;
 - (e) provide a copy of the registration roster to NJDHSS within 30 days of completion of the course; and
 - (f) include the following language on certificates of attendance: This course (seminar or program) is approved by the New Jersey Public Health Council for (# CE, LE and Total) continuing education contact hours toward the renewal of a New Jersey Health Officer license and a New Jersey Registered Environmental Health Specialist license.

I hereby certify, to the best of my knowledge and belief, that this application and its attachments are true and correct.

Signature of Organization Representative

Date